

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		/
2		/					52		/
3		/					53		/
4		/					54		/
5		/					55		/
6		/					56		/
7		/					57		/
8		/					58		/
9		/					59		/
10		/					60		/
11		/					61		/
12		/					62		/
13		/					63		/
14		/					64		/
15		/					65	/	/
16		/					66		/
17		/					67		/
18		/					68		/
19		/					69		/
20		/					70		/
21		/					71		/
22		/					72		/
23		/					73		/
24		/					74		/
25		/					75		/
26		/					76		/
27		/					77		/
28		/					78		/
29		/					79		/
30		/					80		/
31		/					81		/
32		/					82		/
33		/					83		/
34		/					84		/
35		/					85		/
36		/					86		/
37		/					87		/
38		/					88		/
39	/	/					89		/
40	/	/					90		/
41	/	/					91		/
42	/	/					92		/
43	/	/					93		/
44	/	/					94		/
45	/	/					95		/
46	/	/					96		/
47	/	/					97		/
48	/	/					98		/
49	/	/					99		/
50	/	/					100		/
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	64						TOTAL DEP.		
TOTAL CLAIMS	68						TOTAL CLAIMS		